

PATENT APPLICATION SERIAL NO.

10/563758

U.S. DEPARTMENT OF COMMERCE
PATENT AND TRADEMARK OFFICE
Fee Record Sheet

01/12/2006 GFREY1 00000130 10563758

01 FC:2631	150.00	OP
02 FC:2641	50.00	OP
03 FC:2681	125.00	OP
04 FC:2617	65.00	OP
05 FC:2615	2250.00	OP
06 FC:2614	300.00	OP
07 FC:1206	50.00	OP

05/04/2007 JANDERSO 00000002 041679 10563758

01 FC:2633 50.00 DA 50.00 OP

07 FC:1206 50.00 OP

PTO-1556

(5/87)

PATENT APPLICATION FEE DETERMINATION RECORD
Effective December 8, 2004

Application or Docket Number
10/563758

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
U.S. NATIONAL STAGE FEES		
BASIC FEE	SMALL ENT. = \$ 150	LARGE ENT. = \$ 300
EXAMINATION FEE	Satisfies PCT Article 33(1)-(4) = \$ 50 / \$ 100	All other situations = \$ 100 / \$ 200
SEARCH FEE	U.S. Is ISA = \$ 50 / \$ 100 ALL other countries = \$ 200 / \$ 400	ALL other situations = \$ 250 / \$ 500
FEE FOR EXTRA SPEC. PGS.	117 minus 100 =	17 / 50 = 1
TOTAL CHARGEABLE CLAIMS	110 minus 20 =	* 90
INDEPENDENT CLAIMS	6 minus 3 =	* 3
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY
TYPE

OR
OTHER THAN
SMALL ENTITY

RATE	FEES
BASIC FEE	150
EXAM. FEE	100
SEARCH FEE	50
X \$ 125 =	125
X \$ 25 =	22.50
X \$ 100 =	300
+ \$ 180 =	
TOTAL	2975

RATE	FEES
BASIC FEE	
EXAM. FEE	
SEARCH FEE	
X \$ 250 =	
X \$ 50 =	
X \$ 200 =	
+ \$ 360 =	
TOTAL	

CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR
	Total	*	Minus
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			
Independent	*	Minus	***

SMALL ENTITY

OR

OTHER THAN
SMALL ENTITY

RATE	ADDI- TIONAL FEE
X \$ 25 =	
X \$ 100 =	
+ \$ 180 =	
TOTAL ADDIT. FFF	

RATE	ADDI- TIONAL FEE
X \$ 50 =	
X \$ 200 =	
+ \$ 360 =	
TOTAL ADDIT. FFF	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR
	Total	*	Minus
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			
Independent	*	Minus	***

RATE	ADDI- TIONAL FEE
X \$ 25 =	
X \$ 100 =	
+ \$ 180 =	
TOTAL ADDIT. FFF	

RATE	ADDI- TIONAL FEE
X \$ 50 =	
X \$ 200 =	
+ \$ 360 =	
TOTAL ADDIT. FFF	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/563758

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
13		1				
14		1				
15		1				
16		1				
17		1				
18		1				
19		1				
20		1				
21		1				
22		1				
23		1				
24		1				
25		1				
26		1				
27	1					
28		1				
29		1				
30		1				
31		1				
32		1				
33		1				
34		1				
35		1				
36		1				
37		1				
38		1				
39		1				
40		1				
41		1				
42		1				
43		1				
44		1				
45		1				
46	1					
47		1				
48		1				
49		1				
50		1				
TOTAL IND.			↓		↓	
TOTAL DEP.	↔		↔		↔	
TOTAL CLAIMS			↓		↓	

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52		1				
53		1				
54		1				
55		1				
56		1				
57		1				
58		1				
59		1				
60		1				
61		1				
62		1				
63		1				
64		1				
65		1				
66		1				
67		1				
68		1				
69		1				
70		1				
71		1				
72		1				
73	1					
74		1				
75		1				
76		1				
77		1				
78		1				
79		1				
80		1				
81		1				
82		1				
83		1				
84		1				
85		1				
86	1					
87		1				
88		1				
89		1				
90		1				
91	1					
92		1				
93		1				
94		1				
95		1				
96		1				
97		1				
98		1				
99		1				
100		1				
TOTAL IND.			↓		↓	
TOTAL DEP.	↔		↔		↔	
TOTAL CLAIMS			↓		↓	

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/563758** FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
101		1					151						
102		1					152						
103		1					153						
104		1					154						
105		1					155						
106		1					156						
107		1					157						
108		1					158						
109		1					159						
110		1					160						
111							161						
112							162						
113							163						
114							164						
115							165						
116							166						
117							167						
118							168						
119							169						
120							170						
121							171						
122							172						
123							173						
124							174						
125							175						
126							176						
127							177						
128							178						
129							179						
130							180						
131							181						
132							182						
133							183						
134							184						
135							185						
136							186						
137							187						
138							188						
139							189						
140							190						
141							191						
142							192						
143							193						
144							194						
145							195						
146							196						
147							197						
148							198						
149							199						
150							200						
TOTAL IND.	6		↓			↓			↓			↓	
TOTAL DEP.	104	←	←	←		←			←			←	
TOTAL CLAIMS	110	████	████	████		████			████			████	